



## Arizona Department of Revenue • Bingo Section

1600 West Monroe, Phoenix, AZ 85007 • (602) 716-7801  
400 West Congress, Tucson, AZ 85701 • (520) 628-6438

### AFFIDAVIT

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes, §5-404.

**Please type or print in black ink.**

LICENSEE'S NAME		LICENSE NUMBER	
POSITION			
Check the appropriate boxes: <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant			
AFFIANT'S NAME			
ADDRESS			
CITY		STATE	ZIP CODE
HOME PHONE NO. (      )	WORK PHONE NO. (      )	SOCIAL SECURITY NO.	DATE OF BIRTH 

**If licensee is a qualified organization, complete the following section:**

MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE JOINED ORGANIZATION 
OFFICERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICER TITLE
DO YOU HAVE AN AFFIDAVIT ON FILE FOR ANY OTHER LICENSEE? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, \_\_\_\_\_, the above named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF AFFIANT

\_\_\_\_\_  
DATE